LINDENGROVE-MUKWONAGO

837 CTY RD NN E

MUKWONAGO 53149 Phone: (262) 363-6830		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/04):	56	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	56	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	51	Average Daily Census:	53

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %						
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33.3	
Supp. Home Care-Personal Care	No	Danilan and Dischilled				1 - 4 Years	56.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	9.8	
Day Services	No	Mental Illness (Org./Psy)	37.3	65 - 74	5.9			
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	19.6		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	66.7	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.8	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Residen		
Home Delivered Meals	No	Fractures	9.8		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	5.9	65 & Over	100.0			
Transportation	No	Cerebrovascular	9.8			RNs	14.7	
Referral Service	No	Diabetes	2.0	Gender	왕	LPNs	8.2	
Other Services	Yes	Respiratory	5.9			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.5	Male	7.8	Aides, & Orderlies	54.4	
Mentally Ill	No			Female	92.2			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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## Method of Reimbursement

		Medicare 'itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	L		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	<b>%</b>	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	368	22	84.6	131	0	0.0	0	19	100.0	207	0	0.0	0	0	0.0	0	47	92.2
Intermediate				4	15.4	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		26	100.0		0	0.0		19	100.0		0	0.0		0	0.0		51	100.0

\* Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 \_\_\_\_\_\_ Deaths During Reporting Period % Needing Total Activities of % Percent Admissions from: Assistance of % Totally Number of 0.8 Daily Living (ADL) Independent One Or Two Staff Private Home/No Home Health Dependent Residents Private Home/With Home Health 0.0 Bathing 0.0 88.2 11.8 51 89.3 | Transferring 15.7 80.4 68.6 11.8 Other Nursing Homes 68.6 15.7 51 Acute Care Hospitals Psych. Hosp.-MR/DD Facilities 0.0 | Toilet Use 74.5 15.7 23.5 Eating 62.7 Rehabilitation Hospitals 0.0 Other Locations Total Number of Admissions 122 Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter 9.8 Receiving Respiratory Care 0.0 Private Home/No Home Health Occ/Freq. Incontinent of Bladder 62.7 Receiving Tracheostomy Care 29.4 0.0 Private Home/With Home Health 10.3 | Occ/Freq. Incontinent of Bowel 62.7 Receiving Suctioning 0.0 Other Nursing Homes 3.2 Receiving Ostomy Care 3.9 Receiving Tube Feeding 7.9 | Mobility Acute Care Hospitals 0.0 Psych. Hosp.-MR/DD Facilities 0.0 | Physically Restrained 0.0 Receiving Mechanically Altered Diets 31.4 Rehabilitation Hospitals 0.0 35.7 İ Other Locations Skin Care Other Resident Characteristics

2.0

2.0

Have Advance Directives

Receiving Psychoactive Drugs

Medications

98.0

25.5

13.5 | With Pressure Sores

| With Rashes

126

Deaths

Total Number of Discharges (Including Deaths)

\* This Other Hospital-Based Facilities Facilties Facility % Ratio % Ratio % 91.7 1.03 88.8 1.07 Occupancy Rate: Average Daily Census/Licensed Beds 94.6 Current Residents from In-County 82.4 85.3 0.97 77.4 1.06 Admissions from In-County, Still Residing 13.1 14.1 0.93 19.4 0.68

Admissions/Average Daily Census	230.2	213.7	1.08	146.5	1.57
Discharges/Average Daily Census	237.7	214.9	1.11	148.0	1.61
Discharges To Private Residence/Average Daily Census	94.3	119.8	0.79	66.9	1.41
Residents Receiving Skilled Care	92.2	96.2	0.96	89.9	1.02
Residents Aged 65 and Older	100.0	90.7	1.10	87.9	1.14
Title 19 (Medicaid) Funded Residents	51.0	66.8	0.76	66.1	0.77
Private Pay Funded Residents	37.3	22.6	1.65	20.6	1.81
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	39.2	32.7	1.20	33.6	1.17
General Medical Service Residents	27.5	22.0	1.25	21.1	1.30
Impaired ADL (Mean)*	47.8	49.1	0.98	49.4	0.97
Psychological Problems	25.5	53.5	0.48	57.7	0.44
Nursing Care Required (Mean)*	4.9	7.4	0.66	7.4	0.66